6. PERSONAL CARE SERVICES (PCS)

This section describes Medicaid's coverage of PCS. It tells you about:

At the end of this section are some of the questions often asked about PCS and the answers to those questions. See PCS Q & A (page 6-19).

6.1 What PCS Covers

PCS covers aide services in private residences to perform:

- Personal care tasks for patients who, due to a medical condition, need help with such activities as bathing, toileting, moving about and keeping track of vital signs; and

- Housekeeping and home management tasks that are essential, although secondary to the personal care task necessary for maintaining the patient's health.

The tasks included in PCS correspond to personal care tasks in In-Home Aide Level II and tasks in Level III-Personal Care of DHR's In-Home Aide Services Plan. The tasks covered at these levels under PCS are:

- **Level II-Personal Care** (The tasks with an asterisk (*) require the aide's demonstrated competency to be verified by a R.N.)

  - Assist ambulatory client with mobility and toileting
  - Provide care for normal, unbroken skin
  - Assist with personal hygiene (mouth care, hair and scalp grooming, fingernails and bathing: shower, tub, bed and basin)
  - Cut and trim hair
  - Provide basic first aid
  - Shave client (electric and safety razor)
  - Assist with applying ace bandages, TED's, binders as stipulated in the service plan. and under the direction of the client*
  - Assist limited function patient with dressing
  - Observe, record and report self-administered medications
  - Assist with applying and removing prosthetic devices for stable clients as stipulated in the service plan, and under the direction of the client*
  - Assist with feeding clients with special conditions (no swallowing difficulties)
  - Assist and encourage physical activity and /or prescribed exercise
  - Assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan, and under the direction of the client*

- **Level III-Personal Care** (Aides performing these tasks must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at DFS)

  - Assist with feeding clients with special conditions
  - Give bed bath
  - Make occupied bed
  - Assist with mobility, gait training using assistive devices
  - Assist with range of motion exercises
  - Assist limited function patient with dressing
  - Take and record temperature, pulse, respirations, blood pressure, height and weight
  - Observe, record and report self-administered medications
  - Apply and remove prosthetic devices for stable client
  - Apply ace bandages, TED's, binders
  - Assist with scalp care
  - Trim toenails for clients without diabetes or peripheral vascular disease
  - Empty and record drainage of catheter bag
  - Shave clients with skin disorders
  - Administer enemas
  - Insert rectal tubes and flatus bags
  - Bowel and bladder retraining
  - Collect and test urine or fecal specimens

- Perineal care
- Apply condom catheters
- Chair and stretcher transfer
- Turn and position
- Safety measures (side rails, mitts, restraints)
- Change non-sterile dressing
- Force and restrict fluids
- Apply prescribed heat and cold
- Care for non-infected decubitus ulcers
- Assist clients in understanding medical orders and routines, encourage compliance
- Shop for and preparation of diet food specified by professional
- Vaginal douches after instruction
- Assist with prescribed physical and occupational therapy
- Plan menus for special diets
- Monitor dietary treatment plan, provide feedback to professional

In addition to the Level III-Personal care tasks above, Nurse Aide II tasks may be provided as part of this service when the tasks are performed according to the NC Board of Nursing rules. Registration with the NC Nurse Aide Registry as a Nurse Aide II or special training of Nurse Aide I personnel with Board of Nursing approval is required. If you are considering providing any Nurse Aide II tasks, contact the Board of Nursing for guidance.

REMEMBER: *PCS is a paraprofessional service and does not include skilled medical care.*

The PCS aide may also do the following In-Home Aide Level I and Level II home management tasks when the task is incidental to the personal care tasks.

- **Level I- Home Management**

  - Pay bills as directed by client
  - Clean and care for clothing: ironing, simple mending, laundering
  - Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes
  - Make unoccupied bed
  - Recognize and report changes in health and environment
  - Identify medications for client
  - Prepare simple meals
  - Shop for groceries, medications, and essentials needed by client from verbal or written instructions
  - Observe and report symptoms of abuse, neglect, and illness to proper professional

- **Level II- Home Management**

  - Assist in following budget
  - Assist to find and use community resources
  - Perform reading and writing tasks
  - Demonstrate appropriate housekeeping practices for cleaning bathroom, kitchen, and living areas used by client
  - Assist in organizing household routines
  - Plan menus using food guide
  - Assist with developing a market order
  - Demonstrate appropriate food handing, preparation, and storage practices

CAUTION: *Transporting the client for medical purposes and accompanying the client on such trips is not covered. Medicaid covers medical transportation through the county department of social services.*

PCS is paid in 15 minutes units.

6.2 Who's Covered

Whether a patient is covered depends on four factors:

6.2.1 Type of Medicaid Coverage

A patient must be covered under:

- Regular Medicaid coverage –that is, have a **BLUE** card; or
- Pregnant Women coverage-that is, have a **PINK** card and require PCS due to a pregnancy-related condition. Prior approval is required –see 6.3.1.

***NOTE**: If a patient is a Medicaid managed care participant, a Hospice patient or a CAP client, coverage may be restricted. See Section 2 for more information.*

6.2.2 Patient's Medical Needs

A patient must:

- Have a medical condition that requires the direct and ongoing care of the physician prescribing PCS;
- Be medically stable and at the maintenance level; and
- Need help with personal care tasks due to the medical condition.

6.2.3 Patient's Location

A patient may receive PCS in his private residence.

6.2.4 Support Available to the Patient

PCS must be the most cost-effective and appropriate form of care. PCS is to assist, not replace, the help available from family members and community resources.

See 6.5, Step 3 for guidance on applying these requirements.

6.3 Limitations

6.3.1 Prior Approval

Prior approval is not required unless a patient has a PINK card, which indicates MPW coverage. See 6.5, Step 2 to learn about prior approval for MPW patients.

6.3.2 Amount of Service

The amount of PCS covered for a patient in calendar month is:

- The amount of PCS aide services provided according to the plan of care authorized by the physician,
- Plus any billable RN time,

- Up to a maximum of 80 hours total time for the month.

See 6.5 for details on determining the need for care and 6.12.1 about what may be billed.

Example 1: *Based on the plan of care, JoeP. gets 64 hours of PCS aide services in July. The supervising RN completes a supervisory visit that takes 45 minutes at Joe's home. Joe is authorized for Medicaid for the entire month. 64hours, 45 minutes are covered for July.*

Example 2*: Based on the plan of care, Alice R. gets 80 hours of PCS aide services in September. She is authorized for Medicaid for the entire month. The supervising RN conducts a supervisory visit to Alice's home in September that takes one hour. This results in 81 hours of PCS time in September; however, only 80 hours are covered as the limit for the month is exceeded.*

6.3.3 Other Limitations

A patient may not receive PCS and another substantially equivalent service on the same day. Examples of equivalent services include home health aide services and In-home Aide services at Level II and Level III-Personal Care.

A patient on Medicare or Medicaid Hospice may not receive PCS.

See 6.6 for guidance on coordinating with other services.

REMEMBER: *Participation in a Medicaid managed care program or CAP may also limit coverage.*

6.4 Who May Provide PCS

You may provide PCS if you are enrolled with DMA as a PCS provider.

6.4.1 Agency Qualifications

Your agency must be a home care agency within North Carolina with a license from the Division of Facility Services to provide In-Home Aide services.

6.4.2 Supervisor Qualifications

PCS aides must be supervised by a licensed RN. The supervising RN may be an employee of your agency or be under contract with your agency to provide supervision.

6.4.3 PCS Aide Qualifications

A PCS aide must:

- Meet the in-home aide qualifications in the Home Care Licensure Rules, *Licensing of Home Care Agencies* (10 NCAL 3L.1110); and

- Not be the patient's spouse, child, parent, sibling, grandparent or grandchild. This also includes any person with an equivalent step or in-law relationship to the patient.

6.5 Getting Coverage

The following outlines the basic steps for a patient to get PCS. The steps are in the order that they are usually performed.

Step 1 Receive Physician Referral

A patient is usually referred to your agency by the attending physician. If someone else thinks that a patient needs PCS, that person may direct the patient to the physician and help get the physician's referral. This may be a verbal referral.

REMEMBER: *PCS is available only in a patient's private residence. Before going to the next step, determine the location of the requested services. If the location is not appropriate, tell the referral source that you cannot provide PCS and* **STOP HERE.**

Step 2 Verify Medicaid Eligibility

Follow the steps in Section 3 to verify Medicaid eligibility. When checking the color of a patient's Medicaid ID card, remember the following:

Blue: A patient may be considered for PCS.

Pink: Covers only pregnancy-related services. PCS must be related to the pregnancy in order to be covered, and it must be prior approved. Before providing services to a patient with a PINK card, get prior approval according to the instructions in Appendix E.

Buff: A patient is not eligible for PCS.

REMEMBER: *Check all of the information on the card – such as eligibility dates, insurance information and other important items noted in Section 3. If the card shows that a patient participates in a Medicaid managed care program or CAP, coverage may be restricted. See Section 2. Also, check AVR for Medicaid Hospice participation if the patient's situation indicates a possibility of hospice involvement. See Appendix D.*

Step 3 Assess Appropriateness

Arrange for a RN from your agency to assess the patient's medical condition and home environment.

Instructions from this point through Step 6 are directed to the RN.

Document your findings in the assessment portion of the DMA-3000, Physician Authorization and Plan of Care (POC) form (Revised 2/1/93). See Illustration 6-1 for a sample DMA-3000 and instructions. You may use your agency's assessment form instead of the DMA-3000 if it covers the same information as the DMA-3000.

Keeping the criteria in 6.2 in mind, evaluate the following areas:

- **What is the patient's health status?** Assess the physical and mental health status, including current diagnosis(es), medications and functional limitations in relation to the activities of daily living.

- **What are the patient's abilities?** Identify the ability the abilities and limitations in regard to self-care. Use your own observations whenever possible. You may also use a patient's statements as well as those of caregivers.

- **What assistance is needed?** Determine the personal care tasks needed for a patient's care. Also, establish whether incidental home management tasks are needed to support the patient's personal care needs.

  REMEMBER: *A patient's needs must be primarily for assistance in personal care tasks. You may not provide PCS when a patient's needs are limited to housekeeping and other home management tasks.*

- **What assistance is the patient currently receiving?** Determine how and to what extent a patient's personal care and incidental home management needs are being met. Look at all sources of formal and informal care. Remember to determine if current sources of help are likely to continue. Note possible service conflicts as well as the restrictions in 6.3.

  REMEMBER: *You need current care information to meet the coordination responsibilities in 6.6.*

- **What other sources of help are available?** Consider other possible sources of assistance and how well they meet a patient's needs. Look within the patient's household as well as at the community resources.

  - When reviewing informal sources of care such as the patient's family and friends, determine if the potential caregiver is available, willing and able to provide the needed care.

  - When reviewing formal sources of care, review available information on the eligibility criteria for those sources.

- **How long will services be needed?** Estimate the duration of any unmet care needs, including when a change in needs is likely to occur.

Step 4 Resolve Questions

If you have insufficient information or questions after your review, contact the patient, the patient's family, the physician or other appropriate sources to resolve these issues before proceeding.

Step 5 Evaluate Need for PCS

Use the information that you have gathered and the criteria in 6.2 to evaluate the need for PCS. The key issues are whether:

- The patient is a medically stable patient in a private residence;

- The patient needs assistance with personal care tasks in the residence due to his medical condition;

- The personal care assistance needs are unmet; and

- PCS is the most cost-effective and appropriate form of care.

  REMEMBER: *Consider alternative ways to meet the patient's needs.*

Examples of appropriate and inappropriate situations follow:

Situation 1: *Mrs. R., a 90-year-old female who lives alone, is treated for hypertension, congestive heart failure, an irregular heart beat and poor venous circulation. She has chronic shortness of the breath and often has swollen ankles – both of which hinder her from getting around. She is on a low salt diet and takes several heart medications. Mrs. R. needs help with bathing, meal preparation, vacuuming and taking her medications. Her weight, pulse and blood pressure must be checked regularly to monitor the effect of her heart medications. PCS is appropriate.*

Situation 2: *Ms. H. is a 53-year-old female who live in a second floor apartment with her elderly mother. Ms. H. has had rheumatoid arthritis for several years, with severe joint destruction in her hands and feet. During flare-ups of her arthritis she has difficulty bathing, dressing, preparing meals, cleaning and climbing stairs. At such times, Ms. H. has trouble giving her mother insulin injections and changing the sterile dressing on her mother's legs. Ms. H.'s arthritic flare-ups are becoming longer and more frequent, sometimes lasting an entire month. She has requested PCS to assist with her personal hygiene and housekeeping. She also is requesting PCS to help care for her mother. PCS for Ms. H's care needs during flare-ups of her arthritis is appropriate. An assessment of her mother's needs will have to be accomplished separately, noting the limits on what Ms. H can do, and what tasks may be performed by an aide.*

Situation 3: *Mrs. W. is a 65 –year-old female who lives with her daughter and son-in-law. She has severe degenerative arthritis in her lower back and peripheral vascular disease with frequent swelling in her legs. Her condition significantly restricts her ability to walk, bend, get up or down, or stand for more than a few minutes. Because of this, she needs help with bathing, dressing, toileting, transfers, and preparing meals. The daughter and son-in-law work during the day. They have asked friends and neighbors to help with Mrs.W's care so often that it has strained relationships. Help is becoming difficult to obtain. PCS is appropriate for Mrs. W.*

Situation 4: *Mr. J., a 78-year-old man who lives alone, has ischemic heart disease and had a mild heart attack several years ago. He can prepare his own meals and groom himself. Because of his heart condition, Mr. J. cannot lift heavy objects or sweep floors. A housekeeper comes twice a week to do his laundry and house cleaning. She also shops for his groceries and supplies according to his instructions. Mr. J. wants PCS to perform the same tasks that are now being done by the housekeeper. PCS is not appropriate. The tasks are home management tasks, not personal care tasks.*

Situation 5: *Mr. T., a 28-year old man who lives with his aunt, has limited vision. He receives dialysis three times a week at a local clinic while awaiting a kidney transplant. Mr. T. can bathe and dress himself without assistance. His aunt washes his clothes, prepares his meals and cleans his room. She drives him to and from dialysis appointments. The aunt asked Mr. T.'s physician to authorize PCS so that an aide can accompany him to dialysis appointments and occasionally drive him to the appointment while she runs errands. PSC is not appropriate, as Mr. T.'s personal care needs are being met. Neither medical transportation nor companionship are appropriate PCS care tasks.*

Situation 6: *Mr. B., a 63-year-old man who lives alone, has arthritis and congestive heart failure. He had surgery to replace his left hip three weeks ago. He has difficulty standing, walking, bathing and dressing. He rarely leaves his apartment due to his condition. A home health agency provides physical therapy twice a week and skilled nursing visits to monitor his heart and the surgical site twice a week. His niece shops, prepares meals, cleans his apartment and assists him with range of motion exercises on weekends. Because he does not want his niece to help him bathe or dress, a home health aide visits him on Saturday and Sunday mornings to assist with those tasks. A retired neighbor, Mr. Lynch, assists Mr. B. with personal care, fixes his breakfast, helps him with his exercises and straightens up his apartment on weekdays mornings. Meals on Wheels delivers his lunch on weekdays. Mr. Lynch also brings him dinner and gets him ready for bed in the evening. Mr. Lynch will be moving away in two weeks. Mr. B's grandson is willing to bring him dinner and help get him to bed each evening. Mr. B will need an aide for about four hours each weekday morning to assist him with personal care, prepare breakfast, assist with his exercises and perform incidental housekeeping tasks.*

Although Mr. B may be eligible for additional home health aide visits, PCS is likely the most cost-effective and appropriate care to meet his needs on weekday mornings.

Situation 7: *Mrs. Z. is a 39-year old woman living with her husband and thirteen month old son. Mrs. Z. has multiple sclerosis (MS). During flare-ups of MS she has generalized weakness in her arms and legs, but is able to meet her personal care needs. Mrs. Z's son was born three weeks prematurely and has had surgical correction of an atrial septal defect, but is currently asymptomatic and requires only routine childcare tasks. Mrs. Z. is the child's primary caregiver. Mr. Z. works part-time Tuesday through Friday, but helps care for the child when he is not working. Several friends and relatives "sit" with the child on a regular basis. Mr. and Mrs. Z's church sponsors a child care center on weekdays that is free for it's members. Both Mrs. Z. and her son are eligible for Medicaid. Mrs. Z. wants a PCS aide to assist her with housework and in caring for the child during flare-ups of MS. PCS is not appropriate for Mrs .Z. or her child. Although Mrs. Z may need help with home management tasks, she does not require assistance with personal care. The child needs only routine childcare ("babysitting") and does not require the medically necessary care provided by a PCS aide.*

Your next action depends upon your decision.

- **PCS Appropriate:** Go to Step 6 to prepare a POC.

- **PCS Inappropriate:** Certify your decision on the assessment form by checking the second item and entering your signature and the date. Either you or you're a representative of your agency notifies the patient and the physician of the assessment findings. If the physician disagree with your decision, attempt to resolve the problem. If you still believe that PCS is inappropriate after taking with the physician, **STOP HERE**.

Step 6 Prepare Plan of Care

If PCS is appropriate, prepare a POC. You may use the DMA-3000 or your agency's POC, if it contains the same information as the DMA-3000. The POC must show:

- The days of the week the PCS aide is needed to provide care for the patient;

- The tasks to be performed by the PCS aide on each day; and

- The estimated total time needed each day to accomplish all the tasks assigned for that day.

In addition, the POC must show the anticipated date the patient's need for PCS is expected to terminate or change. If you anticipate no significant changes that will affect PCS, leave the date blank and enter an explanation. The explanation must be supported by the assessment and other information available to your agency.

NOTE: *Do not leave the date blank if the patient is receiving PCS because of limitations related to an acute illness or injury.*

Indicate your certification of the need for PCS and completion of the POC by checking the first item and entering your signature and the date. If you use your agency's form, the certification statement must be worded exactly as on the DMA-3000.

Send the completed assessment and POC to the patient's physician for review.

INSTRUCTIONS FOR PCS PHYSICIAN AUTHORIZATION AND PLAN OF CARE

Top of Form: Enter the date the next certification of the continuing need for PCS is due at the top of the POC form. See 6.9. Check if the form is being completed for an initial assessment (if so, enter the date of the referral from the physician) or the annual reassessment. Also, enter the name, location and phone number of the provider agency.

PATIENT INFORMATION

1. Enter the patient's name as it appears on the Medicaid ID card.
2. Enter the patient's Medicaid ID number from the Medicaid ID card.
3. Enter the patient's address.
4. Enter the patient's phone number or a number through which the patient can be contacted.
5. Check the appropriate item.
6. Enter the month/day/year for the patient's date of birth.
7. Check the appropriate entry for the patient's living situation. If more than one item applies, check the first item. For example, if the patient lives with a spouse and adult children, check "w/Spouse."
8. Enter the name, relationship, address and phone number (home and work numbers, if applicable) of an emergency contact.
9. Enter the name, phone number and address of the patient's attending physician.
10. Enter the reason the patient was referred for PCS – such as, "Patient in declining health and needs aid with bathing, dressing and cleaning."
11. List the current diagnosis(es) and date(s) of onset.
12. List the types and sources of care the patient currently receives –such as, "Meals on Wheels from Council on Aging; In-Home Aide II 2 hrs/day, 3 days/wk from DSS."

EVALUATION

13. List the name, dose, frequency and route of administration for all prescription and over-the-counter medications currently taken by patient.
14. Show the patient's ambulatory status. If the patient requires the assistance of other persons or devices, enter the type of aid needed.
15. Indicate how the patient gets nutrition. Enter any dietary restrictions. (Note that food allergies are listed in 20.)
16. Indicate respiration status.
17. Show status of skin and any special skin care needs.
18. Indicate bowel continence. If the patient has an ostomy, list the type and indicate if it is self-care.
19. Indicate bladder continence. If patient has a catheter, list and indicate if it is self-care.
20. List any allergies the patient may have.
21. Indicate if the patient is oriented, sometimes disoriented, or always (or mostly) disoriented.
22. Indicate if the patient has adequate memory for daily tasks such as taking medications, eating meals and other essential activities; has some memory loss and requires reminders: or must be directed to complete essential activities.
23. Check all of the items that apply to the patient's usual behavior.
24. Indicate if the patient's vision is adequate for daily activities; is limited to seeing large objects; or very limited/blind. Also, check if the patient usually wears glasses and/or contact lens – if so, determine adequacy with the use of theses aids.
25. Indicate if the patient's hearing is adequate for daily activities; is limited to hearing loud sounds and loud voices; or very limited/deaf. Also, check if the patient uses a hearing aid(s) – if so, determine adequacy with the use of the aid(s).
26. Indicate if the patient has clear speech; if it's slurred and/or weak; if there are other impediments; or if the patient does not or cannot speak.
27. Indicate the patient's usual means of communication by checking all applicable items. If the patient does not communicate, check "None." If aids are used, list the type of aids.
28. Indicate if the patient appears medically stable.
29. List any special care needs not covered in the previous items, as well as any specific concerns regarding the patient's care.

Illustration 6-1 - DMA-3000 & Instructions

ANNUAL CERTIFICATION DUE 9/17/96

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
PERSONAL CARE SERVICES (PCS) PHYSICIAN AUTHORIZATION AND PLAN OF CARE

X INITIAL ASSESSMENT (REFERRAL DATE 9/15/95) ____ REASSESSMENT

ANYTOWN HOME CARE, INC (PROVIDER AGENCY) ANYTOWN, NC (CITY/TOWN) (910)555-5555 (PHONE)

PATIENT INFORMATION

1. NAME Lucy M. Client 2. MEDICAID NO. 1234567892
3. ADDRESS 101 Main St., Anytown, NC 27999
4. PHONE (910) 555-9999 5. SEX: ____ MALE X FEMALE 6. DOB 11/24/28
7. LIVES: X ALONE ____ W / SPOUSE ____ W / ADULT CHILD(REN) ____ W / PARENT(S) ____ W / OTHERS
8. CONTACT PERSON: NAME Ann B. Jones RELATIONSHIP Daughter
   ADDRESS 88 South St., Anytown, NC 27999 PHONE (H) 910-555-0000 (W) 910 555-1111
9. ATTENDING PHYSICIAN: NAME Joseph B. Well PHONE 910-555-4444
   ADDRESS 209 1st Street, Anytown, NC 27999
   DATE OF MOST RECENT EXAMINATION 9/14/95
10. REASON FOR REFERRAL s/p CVA. Needs help during day M-F to remain at home
11. DIAGNOSIS (DATE OF ONSET) s/p CVA 8/10/95; I-D Diabetes M (1985); HBP (1982); and s/p Hysterectomy (1989)
12. CURRENT CARE-TYPE AND SOURCE RN from ZZ Home Health visits 2x week to draw insulin, checks BP & BS. Daughter cares for patient on weekends. Niece & 2 granddtr's alternate caring for patient on weekday afternoons & nights. Niece gets groceries & medicines.

EVALUATION

13. MEDICATIONS - NAME/DOSE/FREQUENCY/ROUTE
Procardia 10 mg BID PO
NPH Insulin SC 17 units Q am A.C. Breakfast
Hydrodiuril 25 mg QD PO

SELF-ADMINISTERED? (Y) / N) ____ IF "N", WHO ASSISTS (NAME / RELATIONSHIP) ____
14. AMBULATION: ____ NO PROBLEMS ____ LIMITED ABILITY ✓ AMBULATORY W/ AID OR DEVICES ____ NON-AMBULATORY
DEVICES/ASSISTANCE NEEDED Needs walker
15. NUTRITION: ✓ ORAL ____ PARENTERAL ____ TUBE (TYPE ____)
DIETARY RESTRICTIONS: 1200 cal. ADA diet. Pt is (L) handed, can feed self. No diff. swallowing
16. RESPIRATION: ✓ NORMAL ____ TRACHEOSTOMY ____ MECHANICAL ____ OXYGEN ____ DYSPNEA
17. SKIN: ____ NORMAL ____ PRESSURE AREAS ____ DECUBITI ✓ OTHER Dry
SKIN CARE NEEDS Observe for infection/breakdown/swelling in ↓ extremities
18. BOWEL: ✓ NORMAL ____ OCCASIONAL INCONTINENCE (LESS THAN DAILY) ____ DAILY INCONTINENCE
____ OSTOMY: TYPE ____ SELF-CARE? (Y / N) ____
19. BLADDER: ____ NORMAL ✓ OCCASIONAL INCONTINENCE (LESS THAN DAILY) ____ DAILY INCONTINENCE
____ CATHETER: TYPE ____ SELF-CARE (Y / N) ____
20. ALLERGIES: None
21. ORIENTATION: ✓ ORIENTATED ____ SOMETIMES DISORIENTED ____ ALWAYS DISORIENTED
22. MEMORY: ✓ ADEQUATE ____ FORGETFUL-NEEDS REMINDERS ____ SIGNIFICANT LOSS-MUST BE DIRECTED
23. BEHAVIOR: ✓ COOPERATIVE ____ PASSIVE ____ PHYSICALLY ABUSIVE ____ VERBALLY ABUSIVE
____ WANDERS ____ INJURES SELF / OTHERS / PROPERTY ____ NON-RESPONSIVE
____ OTHER ____
24. VISION: ✓ ADEQUATE FOR DAILY ACTIVITIES ____ LIMITED (SEE LARGE OBJECTS) ____ VERY LIMITED (BLIND)
USES: ✓ GLASSES ____ CONTACT LENS
25. HEARING: ✓ ADEQUATE FOR DAILY ACTIVITIES ____ HEAR LOUD SOUNDS / VOICES ____ VERY LIMITED (DEAF)
____ USES HEARING AID
26. SPEECH: ✓ NORMAL ____ SLURRED ____ WEAK ____ OTHER IMPEDIMENT ____ NONE
27. COMMUNICATION METHOD: ✓ SPEECH ____ GESTURES ____ WRITING ____ NONE
____ ASSISTIVE DEVICE (TYPE ____)
28. OVERALL MEDICAL CONDITION: IS PATIENT MEDICALLY STABLE ? (Y / N) Y
29. SPECIAL CARE NEEDS/COMMENTS s/p CVA w/residual weakness on (R) side - ↓ grip strength in RUE w/some numbness in fingers. RLE "gives out."

FORM DMA-3000 (REV.2/93)

Illustration 6-1 - DMA-3000 & Instructions (Continued)

INSTRUCTIONS FOR PCS PHYSICIAN AUTHORIZATION AND PLAN OF CARE -- *Continued*

30. Review each task listed to evaluate whether the patient has unmet needs for assistance in a task due to his medical condition. Check the task if the need is not fully met, and show the type and frequency of help the patient's needs.
31. Consider possible sources of help to meet any unmet needs identified in item 30. Enter "Y" or "N" to indicate if there is help available from family, friends, programs or agencies. If help is available, identify the source of help and which needs can be met.

PLAN OF CARE

32. If there are medically-related unmet personal care needs identified in item 30 that cannot be met by other sources (that is, the assessor could not identify a source of help to list item 31), complete the POC. Show the days of the week planned for care, the tasks to be accomplished on those days and the estimated total time the aide needs to accomplish each day's scheduled tasks.
33. Enter the date that need for PCS is expected to change or end. If no significant changes that will affect the patient's PCS needs are anticipated, the date may be left blank and a statement supporting this belief entered. This determination must be supported by the assessment information and any other information available to the assessor and provider agency. The date may not be left blank for a patient who is recovering from an acute episode.

NURSE ASSESSOR CERTIFICATION

The nurse assessor checks the appropriate statement, types or prints his name, signs the certification and enters the date signed.

PHYSICIAN CERTIFICATION

The form is forwarded to the patient's attending physician. If the physician agrees that the patient needs PCS, he signs and dates the form. This certifies that the patient is under his care and has a medical diagnosis with associated physical and/or mental limitations that warrant the provision of PCS as outlined in the POC. (Note: The physician who signs the form must be the one listed in item 9 on the form.)

Illustration 6-1-DMA-3000 & Instructions (Continued)

30. UNMET NEEDS: CHECK THE TASKS FOR WHICH THE PATIENT NEEDS ASSISTANCE DUE TO HIS/HER MEDICAL CONDITION AND THE NEED IS EITHER NOT MET OR INADEQUATELY MET. SHOW THE TYPE OF HELP NEEDED AND HOW OFTEN IT IS NEEDED.

TYPE HELP NEEDED / HOW OFTEN

PERSONAL CARE

- ____ EATING
- ✓ GROOMING in am M-F
- ✓ DRESSING in am M-F
- ✓ BATHING Shower or sponge bath in a.m. M-F. Also, shampoo 2x wk (M-F)
- ✓ USE OF TOILET prn in a.m. M-F. Sometimes needs help getting up and down.
- ____ TRANSFER
- ✓ AMBULATION uses walker to get around house. Sometimes unsteady.
- ✓ MEAL PREPARATION Snack at 10 a.m. M-F. Lunch at noon M-F.
- ✓ MEDICATION INTAKE Monitor self-adm. meds. Patient injects insulin at 6:30 am before eating breakfast. Need to be sure she has done both M-F. Needs help opening med. bottles

INCIDENTAL HOME MANAGEMENT

- ✓ CLEANING Pickup bedroom and kitchen in a.m. M-F
- ✓ LAUNDERING in a.m. 1x wk (M-F)
- ____ ESSENTIAL SHOPPING
- ✓ MAKE BED in a.m. M-F. Also, change linens 1x wk (M-F)

31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y / N) N

IF "Y", IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET ____

PLAN OF CARE

32 IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY-RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED; THE TASKS TO BE PERFORMED ON THOSE DAYS; AND THE TOTAL TIME NEEDED EACH DAY.

DAY OF WEEK	TASKS TO BE ACCOMPLISHED	TIME
MONDAY	shower & shampoo, groom, toilet, dress, meds, snack & lunch, clean bdrm & kit.	3½
TUESDAY	sponge bath, groom, toilet, dress, meds, snack & lunch, clean bdrm & kitchen	3
WEDNESDAY	sponge bath, groom, toilet, dress, meds, snack & lunch, clean bdrm & kit, chg linens, laundry &	4
THURSDAY	shower & shampoo, groom, toilet, dress, meds, snack & lunch, clean bdrm & kitchen	3½
FRIDAY	sponge bath, groom, toilet, dress, meds, snack & lunch, clean bdrm & kitchen	3

33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE / END (CIRCLE ONE) ON ____/____/____. IF NO CHANGE EXPECTED, STATE WHY: Patient is at max. level of independence in ADLs w/no improvement expected. No significant chg. in medical condition or caregiver status anticipated.

NURSE ASSESSOR CERTIFICATION

I CERTIFY THAT I HAVE COMPLETED THE ABOVE EVALUATION OF THE PATIENT'S CONDITION.

- ✓ I FOUND THE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOPED THE PLAN OF CARE TO MEET THOSE NEEDS.
- ____ I FOUND THE PATIENT DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.

Jane B. Nice, B.N. (NAME) Jane B Nice, RN (SIGNATURE) 9/18/95 (DATE)

PHYSICIAN CERTIFICATION

I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITATIONS WARRANTING THE PROVISION OF THE PERSONAL CARE SERVICES IN THE ABOVE PLAN OF CARE.

Joseph Zuhl, MD (SIGNATURE) 9/21/95 (DATE)

FORM DMA 3000 (REV. 10/91)

Illustration 6-1 - DMA-3000 & Instructions (Continued)

Step 7 Physician Certification and Authorization

The patient's physician reviews the assessment and the POC, then decides if PCS is appropriate.

- **PCS Appropriate:** The physician certifies the need for PCS and authorizes its delivery according to the POC by signing and dating the form. If your agency uses its own assessment and POC form, word the certification statement exactly as it is on the DMA-3000.

  NOTE: *If the patient needs care before you can obtain the physician's signature, you may begin care based on verbal orders from the physician that certify the need for PCS and authorize you to begin services. Follow the Home Care Licensure Rules in obtaining the verbal order. The POC must be signed by the physician within the time limit in those regulations to confirm the verbal orders.*

- **PCS Inappropriate:** The physician will notify the patient and your agency if he decides PCS is inappropriate.

CAUTION: *Do not provide PCS unless the assessment confirms that it is appropriate. Incorrect PCS payment caused by an inaccurate assessment, a wrong evaluation or the provision of inappropriate tasks may be recouped from your agency. The physician certifies the need for PCS; however, the certification is based, in part, on the RN assessment and evaluation. The physician's signature does not relieve your agency of its responsibility to assure that PCS is appropriate.*

6.6 Coordinating Care

Coordinate services to ensure the best care for a patient while avoiding duplication or overlap.

- **Home Health Nursing and Therapy Services:** If a home health agency is providing visits for skilled nursing or therapy, coordinate care activities to avoid two or more individuals attempting to work with a patient at the same time. See Section 5 for information on Home Health Services.

- **Home Health Aide Visits:** Coordinate with the home health agency to prevent providing PCS on the same day as a home health aide visit. See Section 5 for information on Home Health Services.

  REMEMBER: *Medicaid does not pay for PCS and home health visits on the* **SAME DAY.**

- **HIT Drug Therapies:** HIT drug therapy includes nursing services. Coordinate care to avoid two or more individuals attempting to work with a patient at the same time. See Section 10 for information on HIT.

- **Private Duty Nursing (PDN):** PCS is usually not required for a PDN patient. If PCS is ordered, do not schedule PCS during the same time period a patient is receiving PDN services. Coordinate care with the PDN provider. See Section 9 for information on PDN.

- **Community Alternatives Programs:** If a patient is a CAP participant, coordinate care with the CAP case manager. You may not provide PCS:

  - **On the same day** as CAP/AIDS In-Home Aide Services, CAP/DA In-Home Aide Services, CAP/C Personal Care Services, CAP-MR/DD Personal Care Services and CAP-MR/DD Support Living Services.

  - **At the same time of day** that a CAP client is getting one of the other CAP services that work directly with the client.

6.7 Delivering and Supervising Care

You should begin delivering care within 30 days of the physician's authorization on the POC. Provide the tasks according to the POC, making sure only aides who are qualified to provide the needed care are assigned to the patient.

Your RN must conduct a monitoring and supervisory visit in the patient's home within 60 days of the initial assessment visit and at least every 60 days thereafter. During each supervisory visit, the RN:

- Monitors the delivery of care, notes any changes in the patient's needs and documents the continuing need for PCS;
- Documents any change in the patient's medical condition, and plans for responding to the change;
- Review the PCS aide's performance, examines records of the aide's visits and responds to questions and concerns of the aide and the patient. (See 6.11 for information about the aide's time log.)

6.8 Changing the Plan of Care

Your agency and the patient's physician are both responsible for adjusting the POC or discontinuing PCS, as a patient's needs change. A change may occur due to a change in the patient's condition or the support available to the patient. When an aide or RN notes a change in the patient's situation, report the change to the physician.

- Review the POC with the physician to determine if it needs to be revised or if services should be stopped.
- If a change in hours is needed, prepare a new POC or your agency's change orders. Get the physician's signature to authorize the change according to the Home Care Licensure Rules.

At times, the services provided may differ from the POC due to a temporary change in the patient's situation. For example, PCS may not be needed for a few days while family members visit the patient; a patient may not need PCS on a day that he will be away from home; or a patient may want the laundry done on a different day than on the POC. If such a temporary change occurs, document the reason for the change in the patient's record -- you do not have to change the POC.

6.9 Annual Reassessments

Before a patient receives PCS for more than 12 months, a RN reassesses the need for the service. The RN completes a new assessment and, if continuing care is appropriate, a new POC. This may be done as part of the RN supervisory visit. The reassessment follows the same procedures used for the initial assessment and POC. (See Steps 3 through 7 in 6.5) The physician must certify the continuing need for PCS on the new POC before the service is provided beyond 12 months from the date of the initial assessment visit. You may obtain the physician's certification and authorization for continued services verbally according to Home Care Licensure Rules. The POC must be signed by the physician within the time limit in those regulations to confirm the verbal orders.

***EXAMPLE**: The initial assessment visit was made on January 10,1994. At the end of the year the patient continues to need the service. A new assessment, POC and physician's certification must be obtained before PCS can be provided after January 9,1995.*

6.10 Resuming PCS After a Hospitalization

When a patient's care is interrupted by a hospitalization and PCS is requested to resume upon discharge, confirm that the service and POC remain appropriate for the patient before resuming care. You may:

- Consider the patient as a new referral with a new assessment, POC and physician certification and authorization (this begins a new 12 month reassessment cycle); or

- Resume PCS after the RN determines that PCS is still appropriate and makes any needed changes to the POC. New information may be gathered by an assessment visit or contact with the discharge planner, attending physician and other health professionals who are providing care. The RN documents the determination for resuming PCS in the patient's records. If a change in the POC is required, follow the instructions in 6.8.

  NOTE: *If the 60 day RN supervisory visit or the annual reassessment was to occur during the temporary break, complete the activity before care is resumed.*

6.11 Documenting Services

Section 4 has information about general record keeping responsibilities. To document PCS, keep a record of the PCS activities for each patient, including the date and time related to the activities.

- **RN Assessment and POC:** Keep the completed, signed and dated DMA-3000 or your agency's equivalent form. Also, record the amount of time the RN spent at the patient's home and the date of the visit.

- **RN Supervisory Visits:** Keep a record of the finding of each supervisory visit signed and dated by the RN. Also, record the amount of time the RN spent at the patient's home and the date of the visit.

- **Aide Visits:** Maintain a PCS Aide Time Log. Use a log like one in Illustration 6-2, or your agency's form that contains the same information.

  - Maintain logs in weekly or daily formats.

  - If different aides provide services to the patient, each aide must keep a separate log.

  - At the end of each visit, the aide enters the date of the visit, the time work began, the time work ended and the task performed. The aide may also convert the time to units and show the information on the form.

    NOTE: *The log is expected to agree with the POC. Occasionally the tasks performed, the scheduled days or the time needed for the tasks may differ from the POC due to a temporary change in the patient's situation. When this happens, record the reason on the log.*

  - The aide signs and dates the log to certify that the aide performed the recorded tasks at the dates and times listed.

  - At least weekly, the patient signs and dates the log to certify that the tasks were performed at the dated times listed, and that the tasks were performed satisfactorily. If the patient is able to make only a mark, it must be witnessed by a person not connected with your agency. A patient's relative, friend or neighbor may be available as a witness. If the patient cannot sign the log or a witness to the patient's mark cannot be found, explain the situation in the patient's records.

PCS TIME LOG
Week of 12/21/98

Client Jean T. Patientos Case No. 654321
MID 123-45-6789M Aide Kathy Jones
Agency Personal Care, Inc.
Client's Address 2104 Oak St., Garner, N.C. 27529

Dates/Hours	Tasks Performed by Aide During Visit		
12/21/98 DATE 9:00 am START TIME 12:00 noon END TIME 12 NO. UNITS	✓ Shower/Tub Bath ✓ Mouth Care ✓ Assist w/Toilet ✓ Prepare Meal ✓ Clean Kitchen ___ Shop ___ PT/Exercises ___ Check Vital Signs Comments/Observations:	___ Bed/Sponge Bath ✓ Dress ___ Linen Change ___ Feeding ✓ Clean Care Area ___ Transfers ___ Decubitus Care ___ Other	✓ Shave/Shampoo ✓ Skin Care ___ Laundry ___ Dispose of Garbage ✓ Monitor Medications ___ Turn/Position ___ Change Dressings
12/22/98 DATE 9:00 am START TIME 1:00 pm END TIME 16 NO. UNITS	___ Shower/Tub Bath ✓ Mouth Care ✓ Assist w/Toilet ✓ Prepare Meal ✓ Clean Kitchen ✓ Shop ___ PT/Exercises ___ Check Vital Signs Comments/Observations:	✓ Bed/Sponge Bath ✓ Dress ___ Linen Change ___ Feeding ✓ Clean Care Area ___ Transfers ___ Decubitus Care ___ Other	___ Shave/Shampoo ✓ Skin Care ___ Laundry ___ Dispose of Garbage ✓ Monitor Medications ___ Turn/Position ___ Change Dressings
12/23/98 DATE 9:00 am START TIME 1:00 pm END TIME 16 NO. UNITS	___ Shower/Tub Bath ✓ Mouth Care ✓ Assist w/Toilet ✓ Prepare Meal ✓ Clean Kitchen ___ Shop ___ PT/Exercises ___ Check Vital Signs Comments/Observations:	✓ Bed/Sponge Bath ✓ Dress ✓ Linen Change ___ Feeding ✓ Clean Care Area ___ Transfers ___ Decubitus Care ___ Other	___ Shave/Shampoo ✓ Skin Care ✓ Laundry ___ Dispose of Garbage ✓ Monitor Medications ___ Turn/Position ___ Change Dressings
12/24/98 DATE 9:00 am START TIME 12:00 noon END TIME 12 NO. UNITS	✓ Shower/Tub Bath ✓ Mouth Care ✓ Assist w/Toilet ✓ Prepare Meal ✓ Clean Kitchen ___ Shop ___ PT/Exercises ___ Check Vital Signs Comments/Observations:	___ Bed/Sponge Bath ✓ Dress ___ Linen Change ___ Feeding ✓ Clean Care Area ___ Transfers ___ Decubitus Care ___ Other	✓ Shave/Shampoo ✓ Skin Care ___ Laundry ___ Dispose of Garbage ✓ Monitor Medications ___ Turn/Position ___ Change Dressings
12/25/98 DATE 9:00 am START TIME 11:30 am END TIME 10 NO. UNITS	___ Shower/Tub Bath ✓ Mouth Care ✓ Assist w/Toilet ✓ Prepare Meal ✓ Clean Kitchen ___ Shop ___ PT/Exercises ___ Check Vital Signs Comments/Observations:	✓ Bed/Sponge Bath ✓ Dress ___ Linen Change ___ Feeding ✓ Clean Care Area ___ Transfers ___ Decubitus Care ___ Other	___ Shave/Shampoo ✓ Skin Care ___ Laundry ___ Dispose of Garbage ✓ Monitor Medications ___ Turn/Position ___ Change Dressings

PCS AIDE: I certify that I worked the time shown above and completed the tasks checked.

Kathy Jones — SIGNATURE OF PCS AIDE
12/25/98 — DATE SIGNED

CLIENT: I certify that I received the services shown above, the times shown are correct, and the work was done in a satisfactory manner.

Jean T. Patientos — SIGNATURE OF CLIENT
12/25/98 — DATE SIGNED

Illustration 6-2 - PCS Aide Time Log

6.12 Getting Paid

The instructions for filing are in Section 14. Below are key points to keep in mind when filing PCS claims.

6.12.1 What May Be Billed

You may bill for the following when accomplished according to Medicaid policies and procedures and documented in your records:

- The time the RN spends at a patient's residence for the initial assessment and annual reassessment;
- The time the RN spends at a patient's home for supervisory visits;
- The time the PCS aide spends at a patient's residence to perform the PCS tasks listed on the POC; and
- The time the PCS aide spends away from a patient's residence to perform necessary shopping for the patient, according to the POC.

CAUTION: *When RN and aide activities occur on the same day, combine the units into one line item on the claim. If you show the RN's time as one line and the aide's time as another line, the second line will be denied as a duplicate claim*

6.12.2 Units of Service

The unit of service is 15 minutes. Though a full 15 minutes of service is expected to be provided for each unit billed, at times it will not be possible to complete a service exactly in a 15 minute period. At those times, convert the time to units as follows:

Step 1 Total the amount of time spent providing the service during the day;

Step 2 Divide the total by 15 to get the full number of units;

Step 3 Add an additional unit if the remainder is 8 minutes or more.

Example: *A patient receives 47 minutes of PCS on 1/5. 47 divided by 15 equals 3 units with a reminder of 2. Because the reminder is less than 8, you do not add an additional unit. You may bill for 3 units for 1/5.*

6.12.3 Payment Rate

Your payment is calculated based on the lower of your billed usual and customary charges, and Medicaid's maximum rate.

6.12.4 Filing a Claim

Use the UB-92 for your claim. Follow the instructions in Section 14.

PCS Q & A

The following include some of the common questions about providing PCS and answers to those questions.

1. **Q.** Can a PCS aide take or accompany a patient to the doctor's office?

   A. No. Medical transportation, such as travel to and from physicians' offices, clinics, and hospitals, is provided through arrangement with the local DSS.

2. **Q.** The RN from our agency evaluated a patient for PCS and found the patient was not appropriate. Can we bill Medicaid for the RN assessment?

   A. Yes, if the RN completed and signed the assessment and evaluation.

3. **Q.** We received a referral for a patient in a rest home. Do we complete an evaluation?

   A. No. Tell the referral source that Medicaid payment for coverage of the patient's personal care needs is available through another Medicaid service.

4. **Q.** When two patients in the same household need PCS, can we send the same aide to work with both patients on the same day? If so, how is it documented?

   A. Yes, if both patients are eligible for PCS. Because some tasks may be done simultaneously for both patients, such as preparing a meal, the amount of time each patient in a multiple patient household will usually be less than for a patient who lives alone. Each patient's log must establish that the tasks performed for that patient require the amount of the time billed.

5. **Q.** Can an agency or an aide ask a patient for travel expenses (gas money) when the aide goes grocery shopping for the patient?

   A. No.

6. **Q.** A patient's POC calls for 4 hours of PCS every Monday. Occasionally the patient asks the aide to do some non-PCS tasks during that time, and offers to give money to the aide for the help. May the aide perform those tasks and accept payment from the patient?

   A. No. The aide may perform only Medicaid-covered PCS tasks as outlined in this Section during the time the service is paid by Medicaid. If the aide appears to have free time, you should look at adjusting the scheduled hours.

7. **Q.** How does the PCS provider document whether other potential caregivers, including parents, are able and willing to provide needed care for the patient, and distinguish the need for PCS from family responsibilities?

   A. During the initial assessment visit, the RN reviews current sources of care and determines if there are any unmet needs. The RN considers the willingness, availability and ability of other possible sources of assistance such as family members, friends and community resources to provide the needed care. The RN documents the extent to which other potential caregivers could meet the need for assistance and evaluates the need for PCS. At times, a parent or guardian of a younger patient, like any caregiver, may not be available or able to provide needed assistance with personal care. Remember that PCS is intended to assist, but not replace family members and community resources caring for the patient. Signs of neglect or abuse must be reported to the county department of social services.

8. Q. When we resume billing Medicaid for PCS after a patient's completes a "deductible" or "spenddown," do we resume the 60-day supervisory visits as previously scheduled or begin a new schedule?

A. If you provided PCS during the entire time the patient was on a deductible, continue the visit as previously scheduled. If there was a break in services (other than for a hospitalization -- see 6.10), treat the patient as a new patient with a new assessment, POC, physician's certification and a new schedule for supervisory visits.

9. Q. When scheduling PCS visits, can the authorized hours be split into morning and evening shifts to meet the needs of the patient?

A. Yes, The total PCS hours per day may be split into two or more shifts as necessary to meet the personal care needs of the patient.

10. Q. May we provide PCS to a terminally ill hospice patient to supplement the aide services provided by the hospice agency?

A. Do not provide PCS to a hospice patient whose Hospice care is covered by Medicare or Medicaid's Hospice benefit. Medicare and Medicaid regulations require the hospice agency to provide all the needed home health aide and homemaker services related to the terminal illness. Hospice home health aides and homemakers can do all of the tasks allowed under PCS. If the patient has Medicare or Medicaid covered Hospice, providing PCS is a duplication of available care.

11. Q. Is it appropriate to provide PCS to children?

A. Yes, PCS may be provided to children. A thorough assessment of the patient's medical condition and home situation is necessary to evaluate the need for PCS. Regardless of the age, the patient must meet all the coverage criteria in 6.2 to be eligible for the service. Remember, the need for assistance with personal care tasks must be due to a medical condition. Also, PCS must be the most cost-effective and appropriate form of care. If another source of care, such as a sitter, could provide the needed assistance, refer the patient to the other source. Note that self-care tasks performed for young children, such as feeding, bathing and diapering ordinarily do not require the specialized care of a PCS aide. The following examples illustrate when PCS may be appropriate to consider:

Example 1: *Kenny G is a 16-year-old with CP who lives with his mother. He is mentally alert and able to be left unattended once up in a motorized w/c. He attends school Monday through Friday and has an attendant to assist with his needs while at school. Special bus transportation picks him up for school at 7:30am. He requires assistance with bathing, dressing, feeding, toileting and application of leg splints. His mother has asked for PCS to assist with these tasks in the morning since his needs are heavy and they must be accomplished in a short period of time to get him ready for school. Based on this description, PCS appears appropriate as the tasks are medically-related, appropriate for an in-home aide, and go beyond what a parent would be expected to handle.*

Example 2: *Larry B. is a 13-year-old with muscular dystrophy and hypothyroidism who lives with his parents. He is obese (295 LB), is incontinent and unable to bathe or dress himself. The assistance of two persons is required to perform these tasks due to his size and inability control his movements. Mr. B has severe rheumatoid arthritis and is unable to assist his wife with Larry's care. Mrs. B has requested PCS to help her bathe, feed and dress Larry and stay with him while she shops, does errands, and takes Mr. B, who is at times unable to drive, to the doctor. Based on this description, PCS would be appropriate to assist with Larry's bathing, dressing and feeding but not appropriate to sit with the client while Mrs. B does errands and transports Mr. B. to medical appointments.*

Example 3: *Terri T is an 8-month-old baby with gastroesophgeal reflux and short bowel syndrome. She has a G-tube and receives bolus feedings every four hours. Positioning and observation are required for at least one hour after each feeding to prevent reflux and possible aspiration. Terri's mother was taught to do the tube feedings by the home health nurse that visited Terri for three weeks after the tube was placed. Terri requires more frequent diapering due to her short bowel syndrome. She is prone to skin breakdowns and problems due to the frequency of stools. Fluid intake and output and fluctuations in weight must also be monitored. Terri's mother has requested PCS services to help with tube feeding and observation after*

feeding since they are done around the clock. Through the mother's need for assistance is substantiated – the frequency of the tube feedings and monitoring, and the skin care needed for this infant around the clock are beyond the scope of what is needed for an infant this age and the usual expectations of parental care; the PCS decision also must look at whether the child is medically stable. As this situation is described, the child does not appear medically stable and a PCS in-home aide may not appropriately care for the child. The PCS decision rests on the RN's evaluation of that issue.

Example 4: *Mackie D is a 7-year-old with diabetes and myoclonus epilepsy due to anoxia at birth. Mackie lives with his mother and attends public school Monday through Friday. His diabetes is mild and controlled with diet. He takes medication on a strict schedule, three times a day to prevent seizures. Mackie rides the school bus to and from school. His mother gives his morning and night medication doses but is not available for the afternoon dose. She has asked for PCS to assist with his afternoon medication and to prepare him a snack. As this situation is described, PCS services would not appropriate for this client. The monitoring of medication is beyond the scope of duties for the in-home aide when the age of this client is taken into consideration. Preparation of a snack does not require an in-home aide. Mackie does not have any other personal care needs.*

12. Q. Is the PCS provider's initial contact with the referring physician considered a "verbal order" to start services-that is, to send the PCS aide into the patient's home?

A. No. The initial referral contact with the patient's physician is not a verbal order to start services. The referral is the first step in getting PCS. The RN's evaluation of need is the second step. The physician orders services based on the RN's recommendation as the third step. The physician referral helps assure the provision of appropriate services to eligible recipients. Document the referral contact in the patient's records.

13. Q. Sometimes the PCS aide finishes the assigned tasks in less time than is authorized in the POC. After completing the assigned tasks, the PCS aide sits with the patient until the end of the scheduled visits. Can our agency bill for the total time authorized each day in the POC?

A. No. PCS does not cover "sitting" with the patient. The PCS aide's time spent performing medically necessary personal care and incidental home management tasks may be billed to Medicaid. If the PCS aide regularly completes the assigned tasks in less time than is authorized, revise the POC.

14. Q. We have a referral for a woman who lives with each of her two daughters for a week at a time. PCS is being requested in both households. Do we need to do an assessment in each household? Will we need a new POC each time she moves from one daughter's household to the other daughter's household? Are RN supervisory visits required in both residences?

A. Since PCS is being requested in both residences, complete an assessment in each to determine the client's needs and assistance in that location. If PCS appears appropriate in both locations:

- Create an individual Plan of care for each residence. You may develop each POC as if the patient will continually reside at that location. You do not have to project which weeks the patient will be in which household. This will allow flexibility if the patient stays longer than anticipated in one of the households.
- Get both Plans signed by the physician.
- When services are not being provided in one residence because the patient is in living with the other daughter, document your records as you would any other temporary absence from the home.
- Revise the POC for each residence as needed.
- Conduct a supervisory visit in each residence.

15. Q. When a task on the Plan of Care is moved from one day of the week to another, do we have to revise the POC and get the physician's signature on the revision?

A. If the change is a temporary change as outlined in 6.8, you do not have to revise the POC. For example, if the bed linen is washed on Tuesday instead of Monday as listed on the POC, the aide documents the change on the time log, noting the reason. If the change is not temporary, you must revise the POC and get the physician's signature authorizing the change.

16. Q. Would payments for Medicaid Personal Care Services (PCS) for a dually eligible patient receiving skilled services and home health aide services under Medicare PPS be allowed?

A. The home health agency is responsible for providing all covered home health needs under Medicare PPS during an open episode. While Medicaid does not have a policy directly prohibiting a patient from receiving PCS and home health aide services – as long as the services are not provided on the same day – Medicaid would question why PCS was being provided since both services cover the same tasks. PCS should not replace care that is covered under Medicare.